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| UTILITY<br>PATENT APPLICATION<br>TRANSMITTAL   |                   | Attorney Docket No. 0819-466  |                |
|--|-------------------|---|----------------|
| (Only for new nonprovisional applications under 37 CFR 1.53(b))  |                   | First Inventor: Takumi MIKAWA et al.  |                |
|  |                   | Title: SEMICONDUCTOR DEVICE AND METHOD FOR FABRICATING THE SAME   |                |
| Express Mail Label No.   |                   | Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231  |                |
| APPLICATION ELEMENTS   |                   |   |                |
| See MPEP chapter 600 concerning utility patent application contents.   |                   |   |                |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original and a duplicate for fee processing)   |                   | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)   |                |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.  |                   | 8. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)   |                |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 23]<br>(preferred arrangement set forth below)   |                   | a. <input type="checkbox"/> Computer Readable Form (CRF)  |                |
| - Descriptive title of the invention   |                   | b. Specification Sequence Listing on:   |                |
| - Cross Reference to Related Applications  |                   | i. <input type="checkbox"/> CD-ROM or CD-R (2 copies; or  |                |
| - Statement Regarding Fed sponsored R & D  |                   | ii. <input type="checkbox"/> paper  |                |
| - Reference to sequence listing, a table, or a computer program listing appendix   |                   | c. <input type="checkbox"/> Statements verifying identity of above copies   |                |
| - Background of the Invention  |                   | ACCOMPANYING APPLICATION PARTS  |                |
| - Brief Summary of the Invention   |                   | 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))  |                |
| - Brief Description of the Drawings (if filed)   |                   | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br>(when there is an assignee)                     |                |
| - Detailed Description   |                   | 11. <input type="checkbox"/> English Translation Document (if applicable)   |                |
| - Claim(s)   |                   | 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations |                |
| - Abstract of the Disclosure   |                   | 13. <input type="checkbox"/> Preliminary Amendment  |                |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6]   |                   | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)                                     |                |
| 5. Oath or Declaration [Total Sheets 3]  |                   | 15. <input checked="" type="checkbox"/> Certified Copy of Japanese Priority Document<br>No. 11-353104 Filed: December 13, 1999                      |                |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy)   |                   | 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122<br>(b)(2)(B)(I). Applicant must attach form PTO/SB/35 or its equivalent. |                |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 17 completed)  |                   | 17. <input type="checkbox"/> Other: _____   |                |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)  |                   |   |                |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76  |                   |   |                |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:  |                   |   |                |
| <input type="checkbox"/> Continuation  |                   | <input type="checkbox"/> Divisional   |                |
| <input type="checkbox"/> Continuation-in-part (CIP)  |                   | of prior Application Serial No.: _____ / _____  |                |
| Prior application information: Examiner _____  |                   | Group / Art Unit: _____   |                |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. |                   |   |                |
| 19. CORRESPONDENCE ADDRESS   |                   |   |                |
| <input type="checkbox"/> Customer Number or Bar Code Label   |                   | 22204 or <input type="checkbox"/> Correspondence address below<br>(Insert Customer No. or Attach bar code label here)                               |                |
| Name   | Eric J. Robinson  |   |                |
| Address  | NIXON PEABODY LLP |   |                |
| City   | McLean            | State   | VA             |
| Country  | United States     | Zip Code  | 22102          |
| Telephone  | (703) 790-9110    | Fax   | (703) 883-0370 |
| Name (Print/Type)  | Eric J. Robinson  | Registration No. (Attorney/Agent)   | 38,285         |
| Signature  |                   | Date  | 12-12-00       |

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|---|----------------------|--|--|--------------------|--|-------------|-------------------|----------------------|----------------------|---------------|--|----------------|--|---------------------|----------|
| <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">FOR FY 2001</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p> |                      | <p style="margin: 0; font-size: small;"><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;"></td> </tr> <tr> <td>Filing Date</td> <td>December 12, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Takumi MIKAWA et al.</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td>0819-466</td> </tr> </table> |  | Application Number |  | Filing Date | December 12, 2000 | First Named Inventor | Takumi MIKAWA et al. | Examiner Name |  | Group Art Unit |  | Attorney Docket No. | 0819-466 |
| Application Number  |                      |  |  |                    |  |             |                   |                      |                      |               |  |                |  |                     |          |
| Filing Date   | December 12, 2000    |  |  |                    |  |             |                   |                      |                      |               |  |                |  |                     |          |
| First Named Inventor  | Takumi MIKAWA et al. |  |  |                    |  |             |                   |                      |                      |               |  |                |  |                     |          |
| Examiner Name   |                      |  |  |                    |  |             |                   |                      |                      |               |  |                |  |                     |          |
| Group Art Unit  |                      |  |  |                    |  |             |                   |                      |                      |               |  |                |  |                     |          |
| Attorney Docket No.   | 0819-466             |  |  |                    |  |             |                   |                      |                      |               |  |                |  |                     |          |
| TOTAL AMOUNT OF PAYMENT   | \$750.00             |  |  |                    |  |             |                   |                      |                      |               |  |                |  |                     |          |

| METHOD OF PAYMENT  | FEE CALCULATION (continued)  |                       |                       |  |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
|--|--|-----------------------|-----------------------|--|-----------------------|-----------------|----------|-----|-----|-----|--------------------|-------------------------------------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|-------------------------|-----|-----|-------|-----|--------------------|--|-----|-----|------|-----|------------------------|--|--------------|-----|--------|-----|--------|---|--------------|--------------|----------------|----------|----|--|---|-----|-----------------------|----------|-----|---|--------------------|-----|-----|-----|-----------------------|--|-----------------------|-----------------------|-----------------|----------|-----|---|-----|-----|------------------------|-----|-----|--|-----|-----|-----------------------------------|-----|-----|------------------|-----|-----|---------------------------------------|-----|-----|--|-----|-----|--|-----|-----|--------------------------|-----|-----|--|-----|--------------|---|--|-----|-----|----------|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|---------|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|--|--|--|--|------------------------------------|----------------------|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 19-2380</p> <p>Deposit Account Name: NIXON PEABODY LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check   <input type="checkbox"/> Credit Card   <input type="checkbox"/> Money Order   <input type="checkbox"/> Other</p>   | <p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English transaction</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>\$40.00</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.29(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>249</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr> <td colspan="4"></td> <td>* Reduced by Basic Filing Fee Paid</td> <td>SUBTOTAL (3) \$40.00</td> </tr> </tbody> </table> | Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65                 | Surcharge - late filing fee or oath |     | 127 | 50  | 227 | 25                | Surcharge - late provisional filing fee or cover sheet |     | 139 | 130 | 139 | 130              | Non-English transaction |     | 147 | 2,520 | 147 | 2,520              | For filing a request for <i>ex parte</i> reexamination |     | 112 | 920* | 112 | 920*                   | Requesting publication of SIR prior to Examiner action |              | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |              | 115          | 110            | 215      | 55 | Extension for reply within first month |   | 116 | 390                   | 216      | 195 | Extension for reply within second month |                    | 117 | 890 | 217 | 445                   | Extension for reply within third month |                       | 118                   | 1,390           | 218      | 695 | Extension for reply within fourth month |     | 128 | 1,890                  | 228 | 945 | Extension for reply within fifth month |     | 119 | 310                               | 219 | 155 | Notice of Appeal |     | 120 | 310                                   | 220 | 155 | Filing a brief in support of an appeal |     | 121 | 270  | 221 | 135 | Request for oral hearing |     | 138 | 1,510  | 138 | 1,510        | Petition to institute a public use proceeding |  | 140 | 110 | 240      | 55 | Petition to revive - unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 240 | 126 | 240 | Submission of information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | \$40.00 | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.29(b)) |  | 179 | 710 | 249 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  |  |  |  |  | * Reduced by Basic Filing Fee Paid | SUBTOTAL (3) \$40.00 |
| Large Entity Fee Code  | Large Entity Fee (\$)  | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 105  | 130  | 205                   | 65                    | Surcharge - late filing fee or oath  |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 127  | 50   | 227                   | 25                    | Surcharge - late provisional filing fee or cover sheet                     |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 139  | 130  | 139                   | 130                   | Non-English transaction  |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 147  | 2,520  | 147                   | 2,520                 | For filing a request for <i>ex parte</i> reexamination                     |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 112  | 920*   | 112                   | 920*                  | Requesting publication of SIR prior to Examiner action                     |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 113  | 1,840*   | 113                   | 1,840*                | Requesting publication of SIR after Examiner action                        |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 115  | 110  | 215                   | 55                    | Extension for reply within first month                                     |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 116  | 390  | 216                   | 195                   | Extension for reply within second month                                    |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 117  | 890  | 217                   | 445                   | Extension for reply within third month                                     |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 118  | 1,390  | 218                   | 695                   | Extension for reply within fourth month                                    |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 128  | 1,890  | 228                   | 945                   | Extension for reply within fifth month                                     |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 119  | 310  | 219                   | 155                   | Notice of Appeal   |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 120  | 310  | 220                   | 155                   | Filing a brief in support of an appeal                                     |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 121  | 270  | 221                   | 135                   | Request for oral hearing   |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 138  | 1,510  | 138                   | 1,510                 | Petition to institute a public use proceeding                              |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 140  | 110  | 240                   | 55                    | Petition to revive - unavoidable   |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 141  | 1,240  | 241                   | 620                   | Petition to revive - unintentional   |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 142  | 1,240  | 242                   | 620                   | Utility issue fee (or reissue)   |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 143  | 440  | 243                   | 220                   | Design issue fee   |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 144  | 600  | 244                   | 300                   | Plant issue fee  |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 122  | 130  | 122                   | 130                   | Petitions to the Commissioner  |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 123  | 50   | 123                   | 50                    | Petitions related to provisional applications                              |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 126  | 240  | 126                   | 240                   | Submission of information Disclosure Stmt                                  |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 581  | 40   | 581                   | 40                    | Recording each patent assignment per property (times number of properties) | \$40.00               |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 146  | 710  | 246                   | 355                   | Filing a submission after final rejection (37 CFR § 1.129(a))              |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 149  | 710  | 249                   | 355                   | For each additional invention to be examined (37 CFR § 1.29(b))            |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 179  | 710  | 249                   | 355                   | Request for Continued Examination (RCE)                                    |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 169  | 900  | 169                   | 900                   | Request for expedited examination of a design application                  |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| Other fee (specify) _____  |  |                       |                       |  |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
|  |  |                       |                       | * Reduced by Basic Filing Fee Paid   | SUBTOTAL (3) \$40.00  |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>\$710.00</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5">SUBTOTAL (1)</td><td>\$710.00</td></tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>5</td> <td>-20** = 0</td> <td>X</td> <td></td> </tr> <tr> <td>Independent Claims: 2</td> <td>-3** = 0</td> <td>X</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5">SUBTOTAL (2)</td><td>\$ - 0 -</td></tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see above</p> | Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$)  | Fee Description       | Fee Paid        | 101      | 710 | 201 | 355 | Utility filing fee | \$710.00                            | 106 | 320 | 206 | 160 | Design filing fee |  | 107 | 490 | 207 | 245 | Plant filing fee |                         | 108 | 710 | 208   | 355 | Reissue filing fee |  | 114 | 150 | 214  | 75  | Provisional filing fee |  | SUBTOTAL (1) |     |        |     |        | \$710.00  | Total Claims | Extra Claims | Fee from below | Fee Paid | 5  | -20** = 0                              | X |     | Independent Claims: 2 | -3** = 0 | X   |   | Multiple Dependent |     |     |     | Large Entity Fee Code | Large Entity Fee (\$)                  | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 103 | 18                                      | 203 | 9   | Claims in excess of 20 |     | 102 | 80                                     | 202 | 40  | Independent claims in excess of 3 |     | 104 | 270              | 204 | 135 | Multiple dependent claim, if not paid |     | 109 | 80                                     | 209 | 40  | ** Reissue independent claims over original patent |     | 110 | 18                       | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |     | SUBTOTAL (2) |   |  |     |     | \$ - 0 - |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| Large Entity Fee Code  | Large Entity Fee (\$)  | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 101  | 710  | 201                   | 355                   | Utility filing fee   | \$710.00              |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 106  | 320  | 206                   | 160                   | Design filing fee  |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 107  | 490  | 207                   | 245                   | Plant filing fee   |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 108  | 710  | 208                   | 355                   | Reissue filing fee   |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 114  | 150  | 214                   | 75                    | Provisional filing fee   |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| SUBTOTAL (1)   |  |                       |                       |  | \$710.00              |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| Total Claims   | Extra Claims   | Fee from below        | Fee Paid              |  |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 5  | -20** = 0  | X                     |                       |  |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| Independent Claims: 2  | -3** = 0   | X                     |                       |  |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| Multiple Dependent   |  |                       |                       |  |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| Large Entity Fee Code  | Large Entity Fee (\$)  | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 103  | 18   | 203                   | 9                     | Claims in excess of 20   |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 102  | 80   | 202                   | 40                    | Independent claims in excess of 3  |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 104  | 270  | 204                   | 135                   | Multiple dependent claim, if not paid                                      |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 109  | 80   | 209                   | 40                    | ** Reissue independent claims over original patent                         |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| 110  | 18   | 210                   | 9                     | ** Reissue claims in excess of 20 and over original patent                 |                       |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |
| SUBTOTAL (2)   |  |                       |                       |  | \$ - 0 -              |                 |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                         |     |     |       |     |                    |  |     |     |      |     |                        |  |              |     |        |     |        |   |              |              |                |          |    |  |   |     |                       |          |     |   |                    |     |     |     |                       |  |                       |                       |                 |          |     |   |     |     |                        |     |     |  |     |     |                                   |     |     |                  |     |     |                                       |     |     |  |     |     |  |     |     |                          |     |     |  |     |              |   |  |     |     |          |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |         |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                                    |                      |

| SUBMITTED BY      |                  | Complete (if applicable)          |                |
|-------------------|------------------|-----------------------------------|----------------|
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|                   |                  | Date                              | 12-12-00       |